

	Timeframe Comments	Feasibility Comments
Select from existing exchange technologies	this is a very broad descriptor. Will need to narrow the scope of "existing exchange technologies".	once the other decisions have been made and the scope of "select from existing exchange technologies" has been made, it should not be too difficult to make selection(s)
Examine and amend current law where appropriate	this needs to be examined first as if there are major issues/changes required in current law that will dramatically impact the usefulness/viability of HIE.	could be problematic, but with a wide variety stakeholders this should be able to be accomplished
Create regional master patient index/result locator services	most of the initiatives or use cases reference Master Patient Index as a prerequisite. Logistics on approach, hosting of this service, etc. needs to be determined very early in the process. If looking at master patient index first, the same approach and architecture should support the master provider index.	less easy, but there are a number of proprietary indexes in place in WI today that could be leveraged to create a federated Master Patient/Provider Index. Looking for a flexible, open, scalable approach and platform will be required for this to succeed.
Create state web portal	some type of a portal will need to be offered early in the process even if it is less than a state-wide effort. If the information is going to be exchanged in the context of a MPI and record locator a portal would be the ideal environment to handle the delivery and visualization of this information as well as managing the security aspects, auditing, etc. There are a number of portals in place in WI already in the private and public sectors that could possibly be leveraged, extended, or incorporated as content providers into a larger statewide portal framework	easily done. Issues impacting feasibility would be scope, ownership/governance.
Authentication process (for HIE use) for consumers (patients)	2 - 4 This all depends upon when patient access to data/information would be plugged into use case deployment.	easily done. Authentication process frameworks already in place in a wide variety of industries including healthcare, financial services, retail, etc.
Enable consumer notation/entry in HIE (indicate possible errors/omissions, but not overwrite records)	4-5 This part of the process would probably have quite a bit of baggage from a legal perspective. I would see this as a later entry into the use case rollout.	1-4. Easily done, but the devil is in the details. From a technology perspective all of the capabilities are already available to support this, but there are a number of gotchas in how it is done, process, what is the record of record, etc.
Electronic health professional credentialing system (for licensing and hospital credentials, NOT HIE user management) - possible misinterpretation of suggested item)	2-3 This would be a natural add-on with a tremendous amount of value to the master provider index. The same framework for the master provider index should be able to be leveraged to update, and manage all aspects of the credentialing as well if architected appropriately.	Technology is there to do this, but is subject to availability of information and access to various credentialing systems/applications.

HIE user management systems (regional or statewide) with high-level security safeguards (such as system lockout after repeated failed logins; and password change features)		
Decision support that includes medication/allergy/lab data along with evidence databases (such as Micromedex) Decision support also requires functionality for reducing “nuisance alters,” in order to be effective.		
Master (patient) person index	most of the initiatives or use cases reference Master Patient Index as a prerequisite. Logistics on approach, hosting of this service, etc. needs to be determined very early in the process. If looking at master patient index first, the same approach and architecture should support the master provider index.	less easy, but there are a number of proprietary indexes in place in WI today that could be leveraged to create a federated Master Patient/Provider Index. Looking for a flexible, open, scaleable approach and platform will be required for this to succeed.
Standards for data (labs, diagnosis, medications, etc.), interoperability	4-5 - standards are still a moving target and I am not sure we will ever get there (i.e. the various versions of HL7 are not compatible). The key to exploiting this information is developing a flexible information exchange framework that can take data from what ever the system and whatever the format and translate and exchange it in a form that is useful to other systems. There are a number of data integration frameworks that will accommodate these needs.	standards are still a moving target and I am not sure we will ever get there (i.e. the various versions of HL7 are not compatible). The key to exploiting this information is developing a flexible information exchange framework that can take data from what ever the system and whatever the format and translate and exchange it in a form that is useful to other systems. There are a number of data integration frameworks that will accommodate these needs.
Routine collection and reporting mechanism for advance directives		technology exists to support, but this will be a large endeavor.
Provide patient control over access to their information, opt-out		much more of a governance/legal issue than a technology issue.
Report mechanism to consumers on who is accessing his/her records	2-4 time would depend upon allow consumers access.	auditing information is easy to support from a technology perspective
Audit function to ensure that access is appropriate	some audit functionality would need to be developed very early in the process to ensure proper use of any information	auditing information is easy to support from a technology perspective
Sensitive health information tracking		easy to accommodate from a technology perspective

fields at the provider level.		
Pick a toolset	1-5 It all depends. This is a very broad point and picking a toolset/toolsets is all dependant on what initial use cases are developed. Some general directions should be taken for MPI, etc. and that would involve some decisions on approach/toolset.	toolsets abound and have been used against the variety of use cases that have been surfaced thus far.
State level architecture, possibly for MPI, web portal, and	needs to come early if goal is to develop state level approach with state level goals.	technology is there to support state level architecture for MPI, portal, etc.